

Department of Human Services
BUSINESS DECISION REPORT
(for OT Projects > 20 Hours)

Project Title:	Project Number:
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Business Sponsor:	Project Manager:
Product Manager:	Technical Lead:

Start Date Target: <i>(Is it urgent? Why?)</i>	Completion Date Target: <i>(Is it urgent? Why?)</i>
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1. Briefly describe the proposed project <i>(List the major functions and how customers or other users would use the product. Also describe how this project supports your agency's mission.)</i>
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2. Define the business need(s). <i>(Provide a rationale for the project—a general history or description of the conditions contributing to the need for this product/project.)</i>
2a. Who was involved in determining these needs?

3. What are the alternatives to this project? <i>(If this project is not implemented, how will the business needs be met? If the project proceeds, what alternatives do the project team anticipate examining? (e.g., build a system, modify an existing system, buy a commercial product, acquire public domain software, etc?)</i>

4. List the functions considered and prioritize them. <i>(Include criteria used for prioritization.)</i>

5. Identify the known stakeholders and describe their level of support for this project. <i>(List both internal and external stakeholders, their major interests in the project and any constraints they may have.)</i>
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6a. Describe the project goals/objectives: *(Include tangible and intangible benefits, state in measureable terms, quantify if possible)*

6b. What must be done to meet the objectives? *(List the major action steps)*

6c. Define the performance measures to be used to determine the success of the project. *(e.g., How will you know you've met the objectives? Quantify the measures)*

7a. What risks might result if the project is not implemented? *(e.g., functional, political, legal, etc.)*

7b. What are the major risks to a successful implementation of the project? *(List risks, mitigation plan, monitoring plan)*

8. Assumptions and Dependencies: *Describe the basic assumptions for this project and the major dependencies the product/project relies on for success. Is another project dependent on this one?*

9. What are the impacts on existing projects and committed resources, products, agencies, or OT production systems? *(What are the positive/negative impacts? Which ones will suffer and why? Will additional capacity be required?)*

10. What is the estimated cost for project? *(Provide an estimated cost for the project. If continuing to review multiple alternatives to meet the needs, list the price range of the alternatives.)*

Preliminary Approval to Continue Project (REQUIRED):

Agency Director _____

Date _____

11. Where are the project funds coming from? *(List agency name(s) and budgeted amount(s). List other funding source(s) and amount(s))*

12. Describe the results of the cost/benefit analysis. *(Which agency(s) will receive financial benefits and how will they translate into reduced budget requirements in the future?)*

13. Are there other issues or problems, not identified above, that may influence the approval or success of this project? *(If so, please provide details)*

Approvals (REQUIRED):

We understand that material changes to project schedule, cost or functionality must be presented and approved according to the project prescribed Change Management process.

Agency Director

Date

Business Manager

Date

Product Manager

Date

OT Manager

Date